AIR	DATE OF NEUDEST			
			thletics, 2169 Field House Drive, ATTN: HQ USAFA / AHS required. Additionally, a non-profit letter or number should	
TYPE OF ORGANIZATION:	PROFIT		NON-PROFIT	
1. REQUESTING ORGANIZATION				
a. DATE OF EVENT				
D. REQUESTING ORGANIZATION / COMPANY				
c. STREET ADDRESS				
1. CITY, STATE, AND ZIP CODE				
e. PHONE NUMBER				
f. NAME AND TITLE (Authorized individual signing licensing agreement)				
g. FAX NUMBER				
n. E-MAIL ADDRESS				
2. EVENT DESCRIPTION AND DETAILS				
a. TOTAL NUMBER OF HOURS				
D. TOTAL NUMBER OF DAYS				
2. PERIOD OF USE OF FACILITY				
1. FACILITY NUMBER OR AREA				
e. PURPOSE OF EVENT				
f. NUMBER OF PEOPLE PARTICIPATING / ATTENDING				
3. SUPPORT REQUESTED				
ТҮРЕ			SPECIFIC NEEDS	
a. JANITORIAL	YES NO			
	YES			
o. SECURITY	NO	_		
c. SET UP	YES			
	NO			
1. PARKING	YES			
	NO			
2. COMMUNICATIONS/ANNOUNCER	YES			
	NO			
f. Scorer	YES			
	NO			
g. OFFICIALS	YES			
	NO			
n. OTHER (Concessions, ticket takers, hospitality suite,	YES			
etc.)		1		

4. ADMISSION CHARGE	YES, CHARGE PER ADMISSION				
YES NO					
5. MERCHANDISE TO BE SOLD a	. IF YES, TYPE OF MERCHANDISE TO BE SOLD	b. AMOUNT EXPECTED TO BE SOLD			
YES NO					
6. EVENT SPONSORED a	. IF YES, SPONSORS INVOLVED	b. SPONSOR'S REQUIREMENTS AS PART OF AGREEMENT			
YES NO					
7. LIST ANY OTHER AGREEMENTS HQ USAFA/AHSU I	IEEDS TO BE AWARE OF				
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Upon USAF Academy approval of the requested event, the requesting organization must sign a facility use license. The requesting organization must also comply with all Department of Athletics and security requirements in place for events held at the USAF Academy. All information will be provided upon approval.					
8. ADDITIONAL COMMENTS					
FOR HQ USAFA/AHSU USE ONLY					
EVENTS MANAGER ASSIGNED					
DATE REQUEST RECEIVED					
APPROVED/DISAPPROVED					
LICENSE AGREEMENT REQUESTED					
COORDINATED WITH					
SUPPORTING AGENCIES REQUIRED					